

**JANUARY 15, 2008**

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
WESTERN DIVISION

Joseph Gunn

DEC 17 2007

CLERK, U.S. DISTRICT COURT

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

07 CV 50240  
Judge Reinhard

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Dixon Correctional  
Center.

Dr. Matt Finn.

Dr. Michael Fernando.

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Joseph Edward Gunn
- B. List all aliases: SAVOON Bell
- C. Prisoner identification number: K-57163
- D. Place of present confinement: X-house A-25<sup>cell</sup>  
DIXON C.C.
- E. Address: P.O. BOX 1200 DIXON, IL 61021-7200

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr Michael Fernando.  
Title: DR.  
Place of Employment: DIXON CORRECTIONAL CENTER.
- B. Defendant: DR. MATT FINN.  
Title: DR  
Place of Employment: DIXON CORRECTIONAL CENTER.
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (✓) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (✓) NO ( )

C. If your answer is YES:

1. What steps did you take?

Filing & grievance  
Went + Threw The proper channels  
still waiting for response of  
grievance takes up

2. What was the result?

to six months  
still pending

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

D. If your answer is NO, explain why not:

E. Is the grievance procedure now completed? YES ( ) NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES ( ) NO ( )

G. If your answer is **YES**:

1. What steps did you take?

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2. What was the result?

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H. If your answer is **NO**, explain why not:

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**IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):**

- A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**V. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

To Whom It May Concern I am  
Filing this law suit in terms  
of my enforced medications, Haldol  
has caused me very serious physical  
disfiguration to my Chest. The Side  
effects have cause me to have  
pain and suffering, Breast Enlargement,  
and Back pains. I need Surgery  
on my Chest, haldol has cause me  
pain and suffering, and has weaken  
my bones serious health problems  
Ive been on enforced medication for  
over 20 years now.

I would like to have surgery on  
my Chest please I am in pain.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

To Have me Taken off  
Inforced medications  
And to authorize me to Have  
Surgery on my chest, Because  
I have Breast now, Compensation  
for pain and Suffering, and punitive  
damages.

#### CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12 day of 7, 2007

Joseph Dixon K-57163

(Signature of plaintiff or plaintiffs)

Joseph Dixon  
(Print name)

K-57163  
(I.D. Number)

Dixon C. C.  
P.O. Box 1200  
Dixon, IL 61021-7200  
(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>12-5-07</u>	Offender: <u>Joseph Quinn</u> (Please Print)	ID#: <u>K-57163</u>
Present Facility: <u>Dixon C.C.</u>		Facility where grievance issue occurred: <u>Dixon C.C.</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify): _____

☐ Disciplinary Report: 12.05.07 Dixon C.C.  
Date of Report Facility where issued

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Brief Summary of Grievance:** To whom it may concern I am  
filing this grievance in terms of my  
inforced medications. Haldol has caused  
very serious physical disfiguration to  
my chest. The side effects have cause me  
to have pain, and suffering, breast  
in largement and back pains. I need surgery  
on my chest, haldol has cause me pain and  
suffering. Serious health problem's. I've been  
on inforced medications for 2 1/2 years now

**Relief Requested:** I would like to have surgery on chest.  
Please I am in pain.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Joseph Quinn K-57163 12.05.07  
 Offender's Signature ID# Date  
 (Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date Received: <u>1/1/</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-9277
Response: _____	
_____	
_____	
_____	
_____	
Print Counselor's Name	Counselor's Signature
Date of Response: <u>1/1/</u>	

EMERGENCY REVIEW	
Date Received: <u>1/1/</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____	
Chief Administrative Officer's Signature	Date: <u>1/1/</u>